Clinical Outcome	XIENCE PRIME Observed Rate CSR (N=401)		XIENCE PRIME Observed Rate LLR (N=104)	
	One Year	Two Years	One Year	Two Years
TLF (per WHO)	4.5% (18/399)	6.4% (25/392)	7.7% (8/104)	9.6% (10/104)
TLF (per ARC)	6.5% (26/399)	8.4% (33/392)	12.5% (13/104)	14.4% (15/104)
Cardiac Death	0.3% (1/399)	0.5% (2/392)	0.0% (0/104)	0.0% (0/104)
All MI (per WHO)	1.8% (7/399)	2.0% (8/392)	4.8% (5/104)	5.8% (6/104)
All MI (per ARC)	4.5% (18/399)	5.9% (23/392)	10.6% (11/104)	11.5% (12/104)
TV-MI (per WHO)	1.8% (7/399)	1.8% (7/392)	4.8% (5/104)	4.8% (5/104)
TV-MI (per ARC)	4.0% (16/399)	4.6% (18/392)	10.6% (11/104)	10.6% (11/104)
CI-TLR	2.5% (10/399)	4.1% (16/392)	2.9% (3/104)	4.8% (5/104)
ARC-Defined Stent Thrombosis (Definite/ Probable)	0.5% (2/399)	0.5% (2/386)	0.0% (0/104)	0.0% (0/100)

Notes: -
N is the total number of subjects.
- Population for SPIRIT PRIME consists of those subjects who were treated with at least one XIENCE PRIME stent and had cardiac enzyme data between 8 hours post index procedure and hospital discharge.
- TLF includes cardiac death, target vessel MI or clinically indicated TLR.
- Time frame includes follow-up window (1-year: 365 ± 28 days, 2-year: 730 ± 28 days).
- TLF from hierarchical counts; other outcomes from non-hierarchical counts.
- WHO: World Health Organization.
- ARC: Academic Research Consortium.

Conclusions: The SPIRIT PRIME study demonstrated sustained 2-year safety and efficacy of the new XIENCE PRIME EES with low cardiac death, MI and CI-TLR rates in both core size and long lesion cohorts and no new ARC definite/probable ST events in either arm.

TCT-609

Abstract Withdrawn

TCT-610

Long-Term Outcomes of Complete Versus Incomplete Revascularization After Drug-Eluting Stent Implantation in Patients with Multivessel Coronary Disease

Zhan Gao[1], Bo Xu[1], Yuejin Yang[1], Shubin Qiao[1], Hongbing Yan[1], Yongjian Wu[1], Xuewen Qin[1], Min Yao[1], Haibo Liu[1], Jinqing Yuan[1], Jue Chen[1], Jun Dai[1], Tao Chen[1], Siyong Teng[1], JiLin Chen[1], Run-Lin Gao[1]
[1]Fu Wai Hospital, National Center for Cardiovascular Diseases, China, Beijing, China

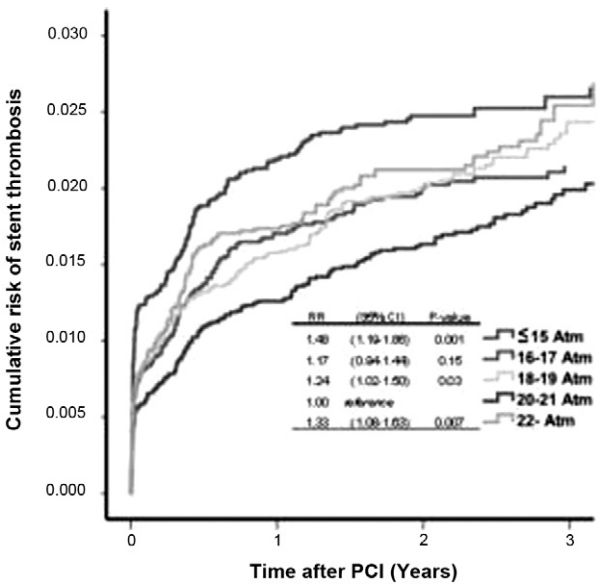
Background: This study was sought to investigate the impact of complete revascularization (CR) vs. incomplete revascularization (IR) on long-term outcomes in patients with multivessel coronary disease (MVD) in current practice of percutaneous coronary intervention (PCI).
Methods: Between April 2004 and November 2010, 7376 consecutive patients with MVD underwent PCI at our center. Patients who underwent prior CABG and those who had an acute myocardial infarction (MI) within 24 hours before revascularization or presented with cardiogenic shock were excluded.
Results: Among 7065 patients with MVD undergoing PCI treatment, angiographic CR was performed in 1188 patients (16.8%), and proximal CR in 2053 patients (29.1%). The study found that either angiographic or proximal IR were associated with significantly higher estimated 3-year rate of cardiac death (2.55% vs. 1.13%, log-rank p=0.016; and 2.70% vs. 1.43%, log-rank p=0.024; respectively). After adjustment for differences in baseline characteristics between IR and CR patients, angiographic IR was associated with a significantly higher rate of cardiac death (adjusted hazards ratio [HR]: 2.56, 95% confidence interval [CI]: 1.03 to 6.41) while proximal IR was associated with a numerically higher rate of cardiac death (adjusted HR: 1.72, 95% CI: 0.93 to 3.17). For the subgroup of >=2-vessel IR with total occlusion, either angiographic or proximal IR patients had significantly higher rate of cardiac death (adjusted HR: 4.25, 95% CI: 1.50 to 12.09; and adjusted HR: 3.02, 95% CI: 1.40 to 6.52; respectively).
Conclusions: Compared with IR, patients with CR had better clinical outcomes, especially when only single vessels were treated, supporting CR as first choice for patients with MVD.

TCT-611

Effect of stent inflation pressure and post-dilatation on the outcome of coronary artery intervention. a report of more than 90 000 stent implantations

Ole Fröbert[1], Stefan James[2], Giovanna Sarno[3], Nawzad Saleh[4], Bo Lagerqvist[5]
[1]Örebro University Hospital, Örebro, Sweden, [2]Uppsala Clinical Research Center, Uppsala, Sweden, [3]Institution of Medical Sciences, Uppsala, Sweden, [4]Karolinska Hospital, Stockholm, Sweden, [5]University Hospital Uppsala, Uppsala, Sweden

Background: PCI stent inflation pressure correlates to angiographic lumen improvement and stent expansion but the relation to outcome is not clarified. Using comprehensive registry data our aim was to evaluate how stent inflation pressure influences restenosis and stent thrombosis following PCI.
Methods: We evaluated all consecutive coronary stent implantations in Sweden from January 1, 2008, to October 26, 2011 using data from the Swedish Coronary Angiography and Angioplasty Registry (SCAAR). We used logistic regression and Cox proportional hazard modeling to estimate risk of outcomes with different balloon pressures.
Results: In total, 93 697 stents were eligible for analysis and divided into five different pressure interval groups: ≤15 atm, 16-17 atm, 18-19 atm, 20-21 atm and ≥22 atm. The risks of stent thrombosis (Fig.) and restenosis were significantly higher in the ≤15 atm, 18-19 atm and ≥22 atm groups (but not in the 16-17 atm group) compared to the 20-21 atm group. Post-dilatation was associated with a higher restenosis risk ratio (RR) of 1.22 (95% confidence interval (CI) 1.14-1.32, P<0.001) but stent thrombosis did not differ statistically between procedures with or without post-dilatation.
Conclusions: Our retrospective study identified a possible optimal stent inflation pressure of 20-21 atm during PCI which was associated with a lower risk of stent thrombosis and restenosis. Post-dilatation might increase restenosis risk.



TCT-612

Two-Year Outcomes Following Implantation of 32mm and 38mm Platinum Chromium Everolimus Eluting Element Stents in Long Coronary Lesions

Paul Teirstein[1], Gregg Stone[2], Ian Meredith[3], Robert Feldman[4], Joseph Dens[5], Abram Rabinowitz[6], Christophe Dubois[7], Dominic Allocco[8], Keith Dawkins[9]
[1]Scripps Clinic, La Jolla, California, [2]Columbia University Medical Center, New York, New York, [3]Monash University, Melbourne, Australia, [4]MediQuest Research Group Inc. at Munroe Regional Medical Center, Ocala, FL, [5]Ziekenhuis Oost Limburg, Genk, Belgium, [6]TexSan Heart Hospital, San Antonio, TX, [7]University Hospital Leuven, Leuven, Belgium, [8]Boston Scientific Corporation, Maple Grove, MN, [9]Boston Scientific Corporation, Marlborough, MA

Background: Long coronary lesions are a risk factor for increased restenosis and event rates following coronary stenting. The PLATINUM Long Lesion study evaluates the PROMUS Element platinum chromium everolimus-eluting stent (Boston Scientific, Natick, MA) for the treatment of long coronary lesions. Two year results have not yet been reported.
Methods: The prospective, single-arm PLATINUM Long Lesion (LL) study enrolled 102 patients at 30 clinical sites. Patients had angina pectoris or documented silent ischemia. One de novo target lesion >24 to ≤34mm long with reference diameter ≥2.50 to ≤4.25mm could be treated with a 32 or 38mm stent. A lesion in a different epicardial vessel could be treated with a non-study treatment before the target lesion. Exclusion

POSTERS